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LEADING ARTICLES

A CASE OF CAMPHOR POISONING.*

O. M. RHODES, B. S., M. D.

BLOOMINGTON, ILL.

ON August 25, 1905, just at the noon hour, I was called by phone to come three miles into the country. A woman was phoning, and as she was excited and crying, I was unable to get the details, but managed to infer that something serious had happened her husband. I was there in about fifteen minutes. Several neighbor men who were helping on the farm were rubbing and doing such things as seemed to them best to relieve the victim, whom I found sitting in a chair, fearing to lie down and being unable to stand. Respirations 60-70 per minute; pulse 130 and weak, but regular. Face bore an anxious expression and was very pale; lips cyanotic; pupils practically normal and equally dilated. Cold perspiration on forehead and face; extremities cold and trembling. Patient was thoroughly conscious but was unable to speak above a whisper, and then but a few words and with much difficulty.

On inquiry I succeeded in gathering from the patient himself that he had taken a dose from a bottle which contained only camphor and alcohol. It occurred to me that I might have a case either of wood alcohol or camphor poisoning, but on smelling the bottle I decided it must be camphor.

Immediately gave 1-250 gr. of glonoin by the mouth and 1-30 gr. of strychnia nitrate hypodermically. Within a very few minutes there was a cessation of difficult breathing, but it was soon followed by another wave-like attack which began, as the patient afterwards told me, in the feet and swept up the limbs and arms to the back, and finally to the top of the head. This he complained of as being a very peculiar feeling, as if the top of his head were lifting off, or as if he were swinging in the air. Marked dyspnea accompanied each wave-like attack, which was increasing in frequency, duration and severity until the glonoin and strychnia were given.

Shortly after giving the above I gave a pint of warm water, to which a little salt had been added, to precipitate any camphor remaining in the stomach, and also to promote vomiting, the patient at this time being sufficiently recovered to object strenuously to the passage of the stomach tube. The warm salt water produced free enmeses. The vomited matter consisted of material resembling the precipitate formed by placing camphor in water and smelled strongly of camphor. Several pints of the warm salt solution were repeated and vomited until the stomach was apparently pretty well cleansed.

From this time on the improvement was rapid, but there was slight dyspnea for a day or so, and from the continuance of a few doses of glonoin and strychnia no further attention was given. As expressed by the patient after the attack there was no pain at all, at any time. There was a tingling and numbness of the whole body, beginning in the toes and extending upwards, and for the time being a paralysis of the legs. There was a feeling of swinging in the air and a sense of impending death from inability to breathe.

There was no nausea before the warm salt solution was given, no cramps or diarrhea.

By way of explanation I will say that the mixture taken (sample exhibited) was said to be made up of two ounces of gum camphor dissolved in one pint of alcohol, or sixty grains of camphor to one ounce of solution or seven and one-half grains to the drachm of solution.

*Read before the Brainard District Medical Society, at Bloomington, Ill., October 26, 1905.

The patient had been in the habit of taking a teaspoonful of this solution at frequent intervals with no ill-effect, but this time took without measuring, probably twice that amount or two teaspoonful of solution.

As the ordinary so-called teaspoon holds considerably more than one dram, it is fair to suppose that the individual had been in the habit of taking about 10 grs. of camphor or the maximum dose, but this time probably took between 20 and 30 grains.

According to Potter as many as 2 grs. of camphor have been taken without fatal results, yet 6 or 7 grs., have produced extreme drowsiness and weakness of the pulse. Twenty grs. laid an Alpine guide up for a day.

It was about one-half hour after the dose had been taken that I saw the case, and I was not with him more than one hour.

THE HUACOS (MUMMY-GRAVE) POTTERIES OF OLD PERU (A STUDY IN PRE-COLUMBIAN PATHOLOGY).

ALBERT S. ASHMEAD, M. D.

NEW YORK.

On digging up the graves of the cemeteries of ancient Peru, we find by the side of the mummified body certain objects of use to him. His pious hands always have placed within reach somethings thought to be necessary for his eternal voyage. In so dry a climate as Peru is, drink especially was thought to be indispensable. Hence the greatest care was taken that the departed loved one should have at hand a number of clay vessels or bottles, filled with wine or water, so that thirst might be appeased.

These vases are of human shape. And as in the case of those little statuettes of the Egyptians, or of the earthern glasses of the Greeks in the tombs of Tanagras, these huacos pots of the old Peruvians, command our greatest admiration.

Historians agree in recognizing in those Grecian and Egyptian images the double or soul which survives the departed one. Death was believed to be only definitive, when the statuetttes had disappeared.

This belief in a soul, so widespread in all peoples, also existed in old Peru. To more completely satisfy it, these people, of the ancient Incan civilization, found it convenient to transform their drinking vessels into the image of the deceased. The potteries thus had a pleasing reality also to the artist, who evidently took keen delight in depicting this belief, to make it more real. The variations in form and manner of exhibition of the soul, are quite numerous, from the representation of the infant, to that of the old man or woman, from the fat to the lean, and with every expression of physiognomy, the sad the joyous, the angry, etc. Many are shown with musical instruments in their hands.

Curator Chas. W. Mead of the Department of Archeology, in the American Museum of Natural History, New York, has fully studied the question of the musical instruments of the Incas of old Peru. He has published a plate, showing an ancient Peruvian dance around the wine or water bottles of old Peru placed upon the ground. One of the dancers is represented with a square block for a foot, evidently he was a cripple. The musical instruments represented at the dance, are being played. There is a newly born child shown tied to the back of a woman. The plate is a reproduction of the decoration on a pottery vessel of old Peru. Drums which are represented in the hands of some of the human shaped grave potteries of Peru, are never found buried with the mummies, only their representations in the clay of the vessels. The skins of some of the old Peruvian drums were obtained from the human skin of an enemy. The drum idea, therefore, was not consonant with the idea of the soul's peaceful passage to Paradise. Wine and water bottles, as we find them in the graves, are connected with the sick or dying, the thirsty, and those needing medical care, or administration of liquid medicine. The drums were beaten only to ward off sickness. These wine or water bottle dances of old Peru were in reality "sick dances." The participants acted around the wine or water bottles, which at the death of patients, would be buried, as the image of the diseased one, as his "double," or representative of his soul, in the grave with him.

The musical instruments then in the hands of so many sick or mutilated persons in supplicant attitudes represented in clay, on the mummy-grave pots, does not mean in my opinion, that the individuals represented as holding them were really beggars, because of their mutilations, but rather that they were sick persons, and were applying superstitious medical care, the best they knew; they were trying to frighten away the evil spirit of their diseased condition. It was, like their dances were, a medical performance or treatment. They perhaps supplicated some god, in this superstitious manner of praying to cure themselves of their diseases.

There are other interesting and characteristic vases representative of mutilations of the nose, lips and legs on the anthropomorphous clay figures. These more particularly have given rise, for several years past, to ex

tended discussion in the anthropological scientific world, as to the causes or meaning which should be attributed to the lesions. I have the honor of first bringing forward this question and of introducing this last subject to the attention of the Anthropological Society of Berlin. The discussion was participated in by Prof. Virchow, Dr. Polakowsky, Dr. Ed. Seler, Professors von der Steinen, Bastian, Reiss of Berlin, Jimenez de la Espada of Madrid; Stubel, Middendorf and Dr. Lehman-Nitsche, the director of La Plata Museum, Argentina. This last named gentleman afterwards went most thoroughly over the work, and his publications and those of others in South America upon the same question, since the original discussion, are already too numerous to mention. Suffice it to say, that the position of opinion which I originally took respecting these evidences of religious medical evolution, in the brain of ancient Peruvians, has been corroborated by scientists all over the world, and the opinion has been since accepted by the authorities of the Smithsonian.

In the argument, among other things, it was said that the causes of such lesions as appear on the faces of the human shaped clay-images, must be due to mutilations, intentionally applied as punishments, or else to effects of disease. Today there is not one of scientific standing, in the anthropological world, who accepts, or dares to defend the first opinion, originally propose by Carras quilla, of Bogota, Colombia; notwithstaning the fact that in the literature, there are indications which make known to us that ancient Peruvians mutilated individuals for certain misdeeds.

This subject was reservedly considered by Lehman-Nitsche, until he had looked into the matter with more exceeding carefulness. But even this cautious savant after he had gone into the matter deeper finally was compelled to yield, that my contention against Carrasquilla's position was sound.

The old writers on ancient America, treat of servants and guardians of the women of the Cacique of Puna, who were horribly mutilated, and their noses and ears cut off for the purpose of giving them a less seductive appearance.

There was also cited the passage from Oviedo, who informs us, that they likewise, as penalty, plucked out the eyes of certain delinquents.

Herrara, however, does not mention directly this class of condemned, although he speaks of stones on the shoulders, tortures and death as penalties that were applied as late as his time. But it is not possible to deduce clearly from his statements what these tortures consisted of; whether they were plucking out the eyes, or effecting other mutilations, such as cutting off the nose, etc., of the condemned.

From what we read in the chapter of Herrara, where he treats of the different penalties, we know only that the justice of old Peruvians was exceedingly cruel, and consequently, it would be strange if there had not been amputations of nose, lips, etc.

Garcillaso cites as penalties: death, the lash, banishment and others like these. His text continues: "Certainly considering that the rigor of their laws had for the most part, even for unchastity, which was considered crime, the penalty of death it may be said that they were barbarian laws." Throwing criminals from a precipice, was a method of penalty in old Peru, but here the intention was to kill the transgressor. This method was not applied to enemies who were beheaded and their skulls carried home, as trophies or embalmed resins before the flesh had naturally dried on the bones.

In spite then of the possibility, I insist still on the point that there is nowhere mentioned, direct data, in pre- or post-Columbian publications, to prove that the mutilations offered on the old Peruvian Huacos potteries, treat really of penalties. Some neighboring tribes, more savage perhaps, may have practised it. Carrasquilla has communicated a passage from Restrepo's work (which I have in my library) on the ancient Chibchas, wherein it is stated according to an old chronicle: "They cut off the hands, nose and ears, and give lashes for other transgressions, considered less grave."

In Historia de las Indians by Francisco Lopez de Gomara (which I found by the courtesy of Dr. Delgado in the library at Seville, where most of the archives of the Indies are deposited, rather than in the Vatican at Rome) the following passage occurs (it is this which probably has served for Restrepo's reference) Gomara speaks of the chastisements which were used in Bogota (Carrasquilla's country) against malefactors.

"They punish severely public sins, theft, murder and sodomy, which is not allowed, by whipping, taking off the ear, cutting off the ear, cutting off the nose, hanging, etc. And for nobles or honored persons, they cut the hair of the head, as punishment or tear the sleeves of the shirt."

Turning now to the Peruvian clay vases, the potteries buried with the corpse, I may observe that not one of them represents a person with his ears or hands cut off. It is true, that many of the faces show a cloth headdress wrapped over the ears; but it cannot be thought, from that circumstance, that the

intention is to hide the stumps of the ears. For then why should not the disgrace of the other stumps be concealed too. If the loss of ears was due to punishment the loss of nose and feet would also be due to the same disgrace of disfigurement, perhaps greater.

Many representations, too, show blind persons. In place of the eyes, there are deep cavities, or the eyelids are closed, and the supplicant attitudes of these same unfortunates, give greater proof that they have lost the light of day.

In the presence then of such cases we must ask the question, Can they be punished

tention that such cases represented pre-Columbian leprosy, was an error. Only one per

supported Virchow in his contention, a Mr. Bloch, of Berlin Mr. Virchow thus made a grave mistake, leprosy was not known in Pre-Columbian America.

A third explanation of some of the vases was later published by myself; on a vase submitted by Prof. Bastian, of the Royal Museum, Berlin. It belonged to Prof. von den Steinen, and was in the care of Dr. Edward Seler, curator of the American Potteries of the Museum. It had been found at Chimbote, Peru. The tip of nose and the

This Huacos has hands, in what we would term, an attitude of supplication or prayer. Perhaps the feet are gone, but this is not sure.

criminals who have had their eyes put out or did they lose their sight in some other way, by disease or surgical remedy for disease for example?

As to the first category of vases, those which present mutilated noses, lips, and so often legs cut off at the ankle, today the opinion that they treat of delinquents is not admitted. It is believed, on the contrary, that they represent effects of a disease typical to Peru, Uta, skin tuberculosis (wolf-cancer) a kind of lupus. It has also been accepted as proved that Virchow's con-

upper lip were represented destroyed clean cut off, the cheeks blown out," and furrowed with wrinkles and scars. This vase showed especially surgical knife treatment for the cure of some disease. The nose and upper lip had been cut off, not eaten off by disease crudely, as shown in so many other vases.

Here it was said, is an instance of punishment by cutting off the nose and upper lip. But why should the "punishment" have included the upper lip. On the contrary, we have many instances showing eating away of nose and upper lip, and therefore it is more

logical to deduce that the cutting away of the nose and upper lip, in this one instance was done as treatment for the same disease afflicting so often the nose and upper lip. Besides, the very disease uta, the disease which afflicts nose and upper lip in Peru, is represented on the face of one of my pots, by a bug like a beetle molded in the clay; it is represented as eating the flesh. The word 'Uta" in old Peru, means eating "away." And the disease was supposed by the common people to be due to some bug. In very truth the disease was due to bugs and other insects, which fed on dead parrots, dead of tuberculosis; and thus the inoculations of human beings with the consumption germ originally occurred in old Peru. Uta, the Peruvian disease, is in reality skin tuberculosis.

What I have here said, will suffice to explain the very great interest which was aroused in scientific circles by my presentation of these objects of ceramics with their pathological questions for the history of medicine. There are some other vases with anthropomorphous pathological alterations which were taken into the account.

A vase belonging to the celebrated collection of Garcia Meron, is in the La Plata Museum, of Buenos Aires. It formerly belonged in the United States. It represents a "beggar" who offers a cup in the right hand in act of supplication, while the left hand holds a stick to crawl with, with more facility and sureness. This vase represents only imperfectly the extremities. The left leg is entire while the right terminates in a stump. On the remainder of the body there is no sign of disease.

Among Peruvian vases there are many of this style some of them are described in my various publications. Yet this is the first one known to me where the expert artist has taken the pains to draw so well on the surface of his clay instead of completely modeling it the lower extremities, and which when not modeled generally escape his consideration altogether.

Although in Pre-Columbian Peru they did not apply as punishment amputation of the feet we must here admit that the represented "beggar" has lost a foot either by disgrace or that it was an amputation in strict accordance with surgical art for another reason. It must not be overlooked too that perhaps it treats of chronic disaese of the foot or leg by which the patient had encountered much difficulty in getting around with it perpetually bandaged, or in an offensive condition.

In fact the remaining right leg is shown on this image, still bound about, with bandages. This is easily recognizable, for its color is the same as that of the shirt. The modeling of the superficially traced other extremity is crude, but recognizable. The healthy foot is represented angular and clumsy, while the stump extremity has been executed most delicately. May we not then assume that it was some disease of the leg, which made it impossible for him to walk, which forced him to amputate it, and become a supplicant for medical relief, or for alms? The more sensible conclusion appears to be that he had preferred mutilation to the diseased impediment. We cannot prove this with absolute certainty but it is interesting in our study of old Peruvian ceramic art.

I have some time ago published a vase representing a beggar walking on his knees with stumps of amputated limbs protruding behind him. I published also a representation of one who held across his knee the stump of his other leg amputated at the ankle; he dresses it from a cup, supposibly of salve. I reproduce here from the American Museum, New York, an image of a man holding with his hands his foot with the sole turned up across his other knee. He is examining it critically. The sole of this foot is represented eaten sieve-like with numerous perforations, showing multiple perforating ulcers, a condition just like the Peruvian disease Uta would be likely to produce.*

Many anthromorphous vases from Peruvian graves have the face and head modeled in a masterly way, and likewise the other parts of the body, but with details inexact, and more or less faulty.

In some in place of lower extremities, there are simply unfinished cut off stumps; in others, for toes, there are only plain surfaces, upon which are markings, and these made with but little care, so that many have six toes for a foot. This error is thought by some "scientists" to represent teratology or polydactylisin.

I have in all my writings defined as amputations these mutilations of lower extremities, shown on the potteries exhumed with Ancon mummies.

In my general consideration of the subject in an article entitled "The Question of Pre-

* This opinion, however, is not concurred in by Mr. Chas. W. Mead, who has kindly furnished me with this photograph, as will be seen by the following letter. Mr. Mead's proposition I think is untenable, for the reason that the upper lip of the figure is represented diseased.

"American Museum of National History,
(Department of Anthropology)
77st and Central Park West,
NEW YORK, April 27, 1906.

DR. ALBERT S. ASHMEAD:

Dear Sir: Professor Saville turned your letter, requesting photo of Pachacamas vessels, over to me. I took the vessels immediately to the museum photographer, but he has been so busy that I have been unable, until now, to get a print. I think the cavities in the soles of the feet represent the pits left after extracting the egg sac of the pique, a species of sand-flea. (See Dr von Tschudi—Travels in Peru Trans. by Thimasina-Ross, pp. 156, 157.)

Yours sincerely,
CHAS. W. MEAD."

Columbian Leprosy and Photographs of Three Pre-Columbian Skulls with Ten Huacos Potteries," I said: "In the first photograph, the one containing the figure lying on its belly, there is shown both feet amputated. The other four figuers have also amputated feet which is not seen in the photographs, for the figures are represented faced front and kneeling. By turning the real images front facing backwards, the amputations could be seen. The surgical flaps are shown in the clay, and even the two bones of the leg near the ankle at the seat of amputation. Whatever disease is here represented on the faces must have been accompanied by disoff, as by a knife. In many figures we find there is partial or total loss of upper lip, eaten or cut away. Not drawn away by cicatrization as would be the case in lepers. One of the figures in the American Museum, has retracted head, this is accompanied by loss of nose and partial loss of upper lip. The same disease which here destroyed the nose and upper lip, it is reasonable to suppose afflicted the spine. Only Uta (skin-tuberculosis) could have worked thus—never leprosy."

One thing more. There is but a single pottery in the whole museum world that shows conclusively amputation of a single foot. The next nearest to such is the one I

Huacos potteries showing disease of sole of foot, also diseased full upper lip (American Museum of Natural History).

eased feet. And amputation was frequently required for some reason, but not only of one foot, but of both. One of the figures is shown in the act of dressing the stump with medicine, the other extremity cannot be seen, as he is sitting on it. At least it does not protrude behind as he sits down. In many of the faces these images, the nose has been eaten away, irregularly. The fleshy and cartilaginous parts, up to the bridge is gone. In not a single instance does this eating away show any resemblance to leprosy. The bones are never melted away as in lepers, fallen in at the bridge. In every case the bony structure remains; only the soft part is absent, either gnawed away, or clean cut have represented as dressing a foot with a cup of medicine, while the other's condition is hidden as he sits on it. Everywhere else where amputation is shown it is double. But the fact, that there is known even one foot showing unmistakably single amputation, makes us believe that many, if not most of the double amputations were performed one foot at a time. As the disease progressed, the other foot was probably later on amputated. In that single amputation, moreover, there is represented not so certainly that the nose and upper lip of the image are not intended to be shown diseased. The wings of the nose are represented widely spread out, and the mouth-angles of the upper lip are swollen

and overhang. It is possible that they are diseased, although no eating away can be observed as represented. There is another probability to consider, namely, that a disease usually of nose and upper lip might have involved the foot in this case.

In every vase of double amputation examined and published thus far, there was always represented at work an eating disease of nose and upper lip, and far advanced. Perhaps when the first foot only was amputated, the facial disease had not yet had time to show its eating stage, like when the second foot had been amputated. But this is problematical. In all my observations, there is never shown, on any Huacos pottery of Peru, a representation of amputated upper extremity or extremities. The hands of all the images, even where is shown the most horrible mutilations of face and feet are represented as perfect. Now if these amputations of feet were intended by the artist to represent punishment for crime, would they not also sometimes have shown amputation of hands? And what is most strange is that there is never shown a diseased hand? Surely if the feet were diseased by Uta, the hands too, exposed as they are just as much, to the ravages of insects, as the bare feet are, should as often, or more often, be the seat of the same disease, and to the same extent be damaged.

As clearly as I can see it, the explanation of this strange absence of evidence is as follows: Those ancient Peruvians had the belief that the soul after burial took a four days journey from the grave before it reached Paradise. Hence food and drink were buried with the corpse, to supply its needs while on this journey. That there is no hand ever represented amputated on a vase, is because the hand was needed to reach out for its food and drink. If the hands were mutilated on the vase, like the real hand of the corpse or amputated and represented amputated, the soul in its grave could not take up its drinking vessel, while journeying to Paradise.

Therefore, if the corpse had lost its hands, before burial, the potter would give it some artificial hands to use, otherwise the double or spirit of the departed one might die of thirst or hunger on its four days journey.

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Uhle: Die Deformierten Kopfe von peruanischen Mumien und die Uta. Krankheit. "Verhandlungen etc.", 1901, p. 404—408.

Ashmead: Pathological evidence of the Huacos Potteries of Peru Trans American Philosophical Society, Phil., Pa. 1904.

CHIGGERS.—Rubbing exposed parts with salt bacon before going where exposure is possible is said to insure immunity. As a remedy touch the spots with liquid camphophenique at intervals until healing is complete. Mercuric ointment is also used to this end.

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FEMALE PROSTATE—ANATOMICO—SURGICAL—STUDY.

CHAS. E. BARNETT, M. D.

FORT WAYNE, IND.

FROM the hypothesis that the prostate in the male arises as two separate glands, which are developments of the lining membrane of the first part of the urethra, instead of the Müllerian duct coalescence embryologic idea gives the female the opportunity for a like glandular development. So in order to call a closer attention to the subject of the deep urethral glands of the female, I have dubbed them, in the title of this paper, the Female Prostate.

In substantiation of the claim "that the male prostate has an entirely distinct and different origin from that of the utriculus masculinus," and thus allowing, in the writer's opinion, the analogy between the male prostate and the female deep urethral (Skene's) glands, the following points in embryology are offered as evidence:

"In the male the utriculus masculinus (the coalesced Müllerian ducts) enters the back of the first part of the urethra (the urogenital sinus) in the middle of the line, and the vasa deferentia (the Wolffian ducts) terminate, in the edge of the orifice of the utricle, on either side.

In the female the vagina (the coalesced Müllerian ducts) enters the back of the vestibule (the urogenital sinus) in the middle line, and the ducts of Gärtner (the Wolffian ducts) terminate in the lower part of the vagina on either side.

The homology between the male prostatic utricle and the female uterus and vagina is a demonstrable fact.

The male prostatic utricle and the female uterus and vagina have an origin distinct and different from that of the urogenital sinus.

The prostate glands are developed in the wall of the genito-urinary sinus, at a point farther from the bladder than the opening of the utricle. They are apparently mucous gland of the urogenital sinus, and they consist, in the fourth month, of a few branching columns of cells which cluster together at the back of the urethra, where they are seen in two separate masses, one on each side of the middle line. At this stage they are entirely within the layer of voluntary muscle of the urethral wall, and do not form any visible projection. In the ninth month they are larger, more fully developed, and form visible projections; they are two separate and distinct glands and have grown beyond the limits of the external wall of the urethra."—Richardson.

It would seem from a study in comparative anatomy, that the prostate gland, Cowper's glands, and the vesiculae seminales (glands)1 furnish the culture media for the sperm cell in the male.

Would it be straining a point too far to consider the female accessory glands, viz., the deep urethral, Bartholin(2) and Nabothian as secreting a still further culture media for the spermatozoa,(3) active if the male is passive and performing a greater function than a mere lubricant during coitis.

It is claimed as an undoubted fact that we have "the orgasm with discharge of semen in the male and the orgasm and reception of semen in the female."—Lydston.

The smaller mucous glands in the male are pouring out their fluid during the exciting stage of passion, we will say for the purpose of lubrication, but not so with the larger ones until the orgasm occurs. From the limited investigation that the writer has been able to make there a like functuation condition present in the female, with the difference that the simple mucous primary flow is greater than in the male and the secondary special flow with orgasm is not so profuse.

Observations on the chemistry of semen have been so few and fragmentary in charac-

(1) Piersal finds glandular tissue in the vesiculae seminales.
(2) The comparison between Cowper's glands and the glands of Bartholin is good They both lie just below the bulb, within the triangular ligament; upon the levator ani or constrictor urethra muscle, as it is called, in this region. Their size and lengths of ducts are practically the same.
(3) Stohr's Histology, fifth edition, says, "In this mixture of fluids (i. e., spermatozoa plus vesicular, prostatic and Cowper's gland fluid) the motions may continue for from twenty-four to forty-eight hours after death, and for still longer period in the secretion of the female genitalia. * * Acids suspend motion while animal fluids of alkaline reaction restore motion." This would tend to show that there was a secondary flow in the female that was sufficiently alkaline to neutralize the ordinary acid vaginal mucous membrane.

ter that the writer was not surprised not to be able, after considerable search to gain any information relative to the chemistry, or physiology of the female accessory-glandular fluid.

The study of the anatomy of the bladder and bladder appendages has never been more active than today, and it is not impossible that some things have been overlooked by our older anatomists, on account of their non-importance heretofore.

The new anatomies are giving the deep urethral glands of the female a passing notice, while the older ones are silent on that subject. Our recent works on the surgery of the urogenital tract of the female are further advanced even than the more recent anatomies in their anatomic description. This shows that the subject courts farther investigation.

The writer has found, after having made a number of female bladder dissections—the last ones being made in Weichselbaum's pathologic laboratory in Vienna—that the deep urethral glands of the female were located midway between the neck of the bladder and the meatus urinarus externus; placed latterly to the urethra, above the vesico-vaginal fascia and having ducts which empty just internal to the external meatus. When hypertrophic, the gland encroached upon the bladder neck. The changes in shape during hypertrophy being similar to the male prostate during its outcroppings of lobules. (See cut).

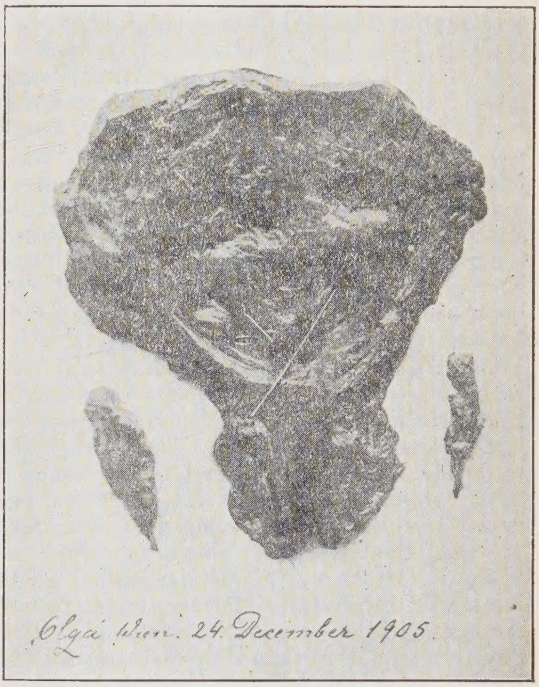
In the majority of gonorrheas of the female, the urethra is invaded. During this urethritis the deep urethral glands are constantly in danger. Should they become infected the pathology present is much similar to gonorrheal prostatitis in the male. Should pus form and the abscess break the solution of continuity will either be toward the urethra or toward the vagina. Should the vaginal route be taken, there is a great danger of an urethro-vaginal fistula which is practically a vesico-vaginal fistula.

The vesico-vaginal fascia is so thin and so lacking in tone quality that an abscess penetration of it is affected with no great effort. Should the urethra remain competent the drainage opening will close and the abscess will reform ad libitum until surgical help is called. Should this infection be not sufficiently virulent to produce a breaking down of the tissues, there will remain a passive inflammation that by the stimulating effect, within the ascinus, will produce an hypertrophy of the glands.*

*See writer's article on Pathological Changes Resulting from Prostatic Enlargement, American Medicine, April 8, 1905.

The usual case comes late to the surgeon. Should there be sufficient time to abort suppuration, the best procedure, in the writer's opinion, is to slit the ducts to the glands and cauterize the field with silver nitrate.

If suppuration is present, the abscess should be opened from the vaginal side and properly drained. After resolution has taken place if any glandular remnants remain, they should be taken away during the interval between the inflammatory crises, thus giving the operator a chance to avoid urethro-vaginal fistula. In case of urethro-glandular fistula, cauterization of the fistulous tract an abscess cavity should be done, followed by



an interval operation, if possible, after the urethra has healed. In vesico-vaginal fistula a plastic operation with the removal of all glandular remnants is indicated.

In all of these cases the bladder neck will be found inflamed and will need attention.

The writer sees no reason why hypertrophy should need surgical attention unless it would happen to be like the case illustrated. Even with that condition present, the Fenwick operation with the large urethral specula for the removal of papalomatous growths in the bladder, could be utilized for the removal of the glandular lobule.

The report of three cases will give an idea of the kind of cases encountered by the surgeon that are due to inflammation of these glands.

CASE 1.—Mrs. "X." Operated by the writer several years ago for kidney stone, with recovery. About a year following operation she was infected by her husband with gonorrhea. On account of her innocence and unsuspecting disposition the writer was called late, and consequently got the sequela of the disease, which in this case was an acute adenitis of the deep urethral glands. Under treatment the inflammation subsided to a marked degree, leaving a passive inflammation with tenderness and some enlargement in that region. An operation for the removal of the glands was suggested, which was declined by the patient. The fact is that the patient is not aware of the cause of her trouble and, unfortunately for the writer, considers that it is a remnant of her old kidney trouble.

CASE 2—In consultation with a doctor of our city, Miss "Y." was examined. She gave a history of acute inflammation at the neck of the bladder. Emphatically denied gonorrheal infection. She was ordered to the hospital where a vaginal examination was made, at which time a slide was smeared with pus milked from the deep urethral glands. The pus contained Niserian diplococci; a cystoscopy was done the next day; neck of the bladder found highly congested; bladder washed and neck painted with silver nitrate; ducts of glands silt and cauterized with silver nitrate. Two weeks after leaving the hospital there was a recurrence of the adenitis, with suppuration. A cutting operation for drainage followed by the removal of the glands during the interval, was suggested; said suggestion caused the discharge of both the attending physicians and the writer. From our hands she landed in the hands of a thoroughly competent practitioner, who called in a surgeon, who was also thoroughly competent, but they failed to find the true cause of the trouble, "more's the pity," and from these men the patient has drifted until finally, on account of their flowery promises, she has been attracted to the osteopath and the Christian Scientists. As this disease is entirely out of their sphere, the writer would not be surprised at no distant date to have the patient return for the surgical relief that was advised in the beginning.

CASE 3.—Was called to Detroit to see Mrs. Z. Gave history of infection of deep urethral glands seven years ago which was followed with abscess formation. Vesico-vaginal fistula followed the breaking of the abscess, leaving an opening larger than would admit one finger. She had been operated for the closure of the fistula five or six times by competent surgeons with negative results.

The writer proposes, in endeavoring to close the fistula, in this case, to do a suprapubic cystotomy in two sittings. After cleaning the bladder thoroughly, to freshen the edges of the fistula, close same tightly with chromicised catgut, then cover over the whole fistulus region with a flap composed principally of the bulb of the vagina (patient being put to bed, lying on her belly, in order to drain the urine away from the wound). Should the closure be complete a urethral canal will be tunneled at another sitting.

THE TUBERCULOSIS CAMPAIGN IN CHICAGO.—A campaign to secure funds for the treatment of tuberculosis in Chicago was planned recently at the bi-monthly meeting of the Executive Committee of the Chicago Tuberculosis Institute. Although efforts are being made to secure donations for summer camps and other means of treatment, the physicians and societies interested in the work pin most of their hopes for adequate funds on the charter legislation. A committee, consisting of Dr. Henry B. Favill, Dr. Frank Billings and Mrs. Lenora Hamlin, of the Institute, was appointed to confer with the charter convention with regard to additional revenue for the Department of Health. The Institute has raised, through the auxiliary committee, $1,000 for a summer camp, but has been obliged to abandon its plan of having tents in one of the parks, the South Park Board having very properly declined to listen to a proposition to that effect.

THE NATIONAL FORMULARY.— The National Formulary bids fair to become, in a way, an actual rival of the United States Pharmacopoeia. It caters to the requirements of the average retail druggist in place of being ambitious to occupy a position as an authority for expert chemists and ethical professors. If the American Pharmaceutical Association recognizes its opportunities, the next revision of the National Formulary will contain a statement of the therapeutic action of each preparation, as well as the maximum and minimum doses. It will give, in so many words, the amount of each potent ingredient in an average dose of the heroic preparations. These are some of the practical improvements which will find their way into the every day hand-book of the dispensing pharmacist. The medical profession is crossing the border line between medicine and pharmacy in its effort to find standard drug store remedies to prescribe. If the National Formulary titles are reduced to a manageable form, the preparations will meet with favor at the hands of the prescribers and increase the prescription trade of competent pharmacists.—Meyer Bros. Druggist.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

Denaturized Alcohol.

COMPANIES for the exploitation of denaturized alcohol for use in various places where other agents are now employed are multiplying since the passage of the bill removing the tax from this useful material. It appears that it is to revolutionize domestic arrangements. If we are to believe various promoters, it is to give us light and heat, and that in the safest, cheapest and most desirable form. It has been our privilege to investigate the generation of light with the German burner adapted to the common American kerosene lamp, and heat with a burner adapted to attachment to the ordinary gasoline or gas stove, and in both the alcohol is a success. The light is an intense white light, steady and clear, the heat of the stove was equal to any emergency. Whether its great economy is to be proved, as has been claimed, remains to be demonstrated, but the new fuel is certainly clean, safe and effective. It will be largely used under any circumstances, but if as cheap as claimed it will largely supercede the products of the Standard Oil Co.

Canada's Lepers.

PRESS reports tell us that the Canadian government has assumed charge of the Victoria-Vancouver lazaretto and has decided upon material changes in the care of lepers on the Pacific seaboard of the dominion, the obsolete and inhuman policy hitherto pursued while the lazaretto has been under joint municipal and provincial control, being succeeded by the most advanced and scientific treatment for the unfortunate patients, now that their care is vested in the national authority. Heretofore the institution has been maintained, as it was established, by the municipal councils of Victoria and Vancouver and the provincial government. Their policy in dealing with the lepers has been virtually the same as that prevailing in oriental countries during countless ages. Any one suspected of leprosy, and there have been about thirty sent to the island, has been hunted down by the police, and after conviction by the city medical health officers, condemned to life exile. There was no appeal. Houses and food supplies were provided and isolated from all human intercourse, the poor creatures were abandoned to inexorable and inevitable fate. This barbarous and obsolete policy the dominion refuses to pursue now that the lazaretto has become a Canadian institution.

In the past treatment has been a neglected feature of the work at this institution, hereafter the unfortunates are to have the best that modern therapy affords, and cures are expected where hopelessness has heretofore reigned.

"Trouble."

LAY diagnoses are characterized by amusing qualities, even those made by the more learned in matters outside of medicine, and members of our profession have been known to carelessly drop into some of these lay inaccuracies, at least in conversation. The number of kinds of "trouble" to which the human body is heir to is illimitable, but in a gross way the limit, exclusive of subdivisions and doubles, is that of the number of organs composing the body. We have heart trouble, lung trouble, womb trouble, kidney trouble, etc. Kidney trouble is a fair example of the range of possible inaccuracy, this disorder may mean lumbar or dorsal myalgia, rectal ulcer, cystitis, prostatitis, some forms of intestinal disease, etc., and may mean genuine kidney involvement, though this is fortunately the least frequent. The unfortunate side of this is that while patients have a very erroneous diagnostic ability they have a real conception of the seriousness of a nephritis, and they read all the symptoms of their "kidney trouble" to point to that disease. The consequent mental distress and anxiety are deplorable and in a vast majority of cases needless.

To what extent a physician should instruct his patient in the details of his illness is a much debated question, but there can be no question of the propriety of giving sufficient information to allay anxiety, and the patient usually has a right to an expressed diagnosis; to leave a case of lumba-

go with the idea that a nephritis exists is quackish and cruel. Those who maintain that the patient needs to know nothing of his ailment, beyond what is necessary to the application of the line of therapy adopted, leave behind them anxieties which cannot be expressed; such a course is more frequently an error than that of those who take the opposite course and elaborate details beyond the grasp of the lay mind. There is a happy medium which spells success; it knows patients, and will go into details where details are needed and will withhold judiciously. There is no calling where that admirable quality known as common sense, and its exercise is more demanded than in medicine. The physician who is happily possessed of this, is fortunate for it is a tremendous necessity in handling patients, and except by birth right it is almost impossible to acquire.

The Price of Ice.

In common with other sections of the country St. Louis has been financially embarrassed in her individual households and in her charitable endeavors by the fact that ice, which they have taught us is a necessity and not a luxury, could be had only at an unaccountably increased price. The why of the increase is not apparent for we have not, for years, depended on natural ice, and the cost of manufacture is as small as ever. Trust tactics were so manifest that an investigation was started early in the summer, and at the present rate of progress we may hope for some definite results by the middle of next winter.

Ice is a necessity, especially so in a climate like ours, where the heat comes so steadily and is so trying. The addition of ten cents to the price of a hundred weight and the reduction of the size of the five cent piece to proportions mythical is little short of a crime, unless there is a very demonstrable reason in the cost of manufacture, which certainly cannot be shown. What St. Louis needs is a man at the helm, a whole souled, public spirited man, one full of initiative who can rise to the situation, who will make his authority, if need be, and get action. The poor and the sick are waiting to call such an one blessed.

The International Surgeons Club is the name of a new organization at Rochester, Minn., composed of visiting surgeons at the Mayo Brothers hospital in that city. The society starts with a membership of fifty.

Second Annual Report of the Henry Phipps Institute.

The second annual report of the Henry Phipps Institute for the treatment, study and prevention of tuberculosis (1906) gives an account of the work of the second year, a review of the subject of immunization in tuberculosis, a preliminary report on the Maragliano serum treatment, and a report of some of the scientific work done by members of the staff of the Institute during the year. This report is an admirable exposition of the possibilities and impossibilities in the practical sanatorium treatment of tuberculosis on this continent. The institution is located in Philadelphia, and its medical director is Lawrence Flick, a gentleman whose reputation as a tuberculosis expert is well known. In his account of the work of the year, he states that while the work has been carried on in temporary quarters, with great difficulties, these very difficulties an impediments increase the value of said work from a sociological point of view, inasmuch as they have enabled the Institute to give an object-lesson of what can be done under unfavorable conditions. It was shown at this institute that tuberculosis is quite amenable to treatment. Nearly all cases can be benefited for a time at least, and many can be cured. The curability depends upon the stage somewhat upon the chronicity. Even advanced cases can be benefited. Most of the cases treated at the hospital were advanced cases. Nearly half of those admitted were discharged as improved and one case was discharged as having had the disease "arrested." Less than one-third of those admitted died.

The most advanced cases improve for a time when put at rest in the open air and properly fed. Death is brought about by an intercurrent disease as a rule, cold, influenza or pneumonia.

Patients treated in the dispensary were less advanced, but the results obtained were only a little better than those obtained in the hospital, because of the difficulty of bringing dispensary patients under control. On account of home conditions and great poverty it is next to impossible to maintain discipline with such patients in their homes.

Flick says that the story of tuberculosis work among the poor can be read out of the last table which he gives, showing that out of 477 patients treated this year, 156 had improved the year before, 119 had not improved the year before, and in 202 no result was recorded the year before. Restoration to health and preservation of health depend upon assistance. To restore these poor peo-

ple to health without material aid is impossible. To keep them well without material aid after they have been restored to health is equally impossible. Most of them go under unless assisted. In other words, this problem is a sociological one and must be dealt with as such. The cost of living in America and the average daily income of the class applying to such institutions for treatment do not balance. It is impossible for one making the daily average income of these people to get well. One earning but $1.34 per day if healthy cannot remain healthy on such an income, and one suffering from a chronic ailment, such as tuberculosis cannot get well. Food and housing are important factors in the prevention and treatment of tuberculosis. Both are high-priced.

What good is accomplished by all this work? The good comes, says Flick, from the prevention which is brought about.

Treatment of these people and prolongation of their lives give opportunity to teach those who have the disease, and those about them methods of prevention. All who have not yet had an implantation can be protected against implantation; many of those who have already had implantation can be prevented from getting the full development of the disease; of those who have the disease in a full developed state, most will have to die. The fruit of the labor is in saving those who are still in health.

The remainder of the report is a splendid monument to the workers who have compiled it. The institution is doing most creditable work, and the reading of this report should inspire all medical men to join with them in the great propaganda of prevention and the saving of healthy human lives who have not yet been infected. R. B. H. G.

Hot Weather Feeding of Infants.

Dr. G. R. Pisek, New York (Jour. A.M.A.), calls attention to the importance of the proper excretion of heat to infant health and how it is affected by diet, atmospheric humidity, etc. The temperature of the air, therefore, is not a safe guide to follow in judging summer conditions and the causes of digestive disturbances in infants. The need of care to prevent food infection still further complicating the conditions is also pointed out. He sums up his conclusions, in substance, as follows: 1. In warm weather keep a light woolen garment over the abdomen to prevent sudden chilling and retention of heat by suppression of perspiration. 2. Bathe the child twice daily to remove salts and fats on the skin that are left by the sweat and tend to retard the evaporation and to embarrass the excretion of heat. 3. Give plenty of cool boiled water to drink, thus replacing that lost by perspiration. 4. Pasteurize all food of well infants to retard decomposition. 5. In close or muggy weather, or, if the humidity is high, dilute the food to one-half with boiled water. In very mild weather, with high temperature, stop milk and feed with gruels till the humid spell is over. 6. On warm, humid nights stop milk feeding, as the humidity is greater at night, though the temperature may be lower. Feed gruels or whey, which produce little heat. 7. For diarrhea, give castor oil or calomel to eliminate decomposing food. Stop milk feeding temporarily. If the air is hot but dry, milk may be resumed with high humidity, feed gruels or whey to starve out putrefactive bacteria and get back to milk very cautiously. 8. Keep up a good air circulation, as stagnant air soon becomes saturated, thus preventing perspiration and heat absorption.

Osteopathy and Smallpox.

A good story comes from the City Dispensary, which demonstrates the wisdom behind osteopathy. A lady 'phoned the dispensary that she wished a physician to call and examine two "doctors" who were suffering from a suspicious eruption. The dispensary physician responded, and found two osteopaths with an eruption so obvious that it was quite beyond "suspicion." Questioning developed that they had been treating a child for such an eruption which they had diagnosed as due to a "luxation of one of the dorsal vertebra." Investigation showed that the child and its "doctors" had the smallpox, and they were sent to quarantine. It is safe to say that these osteopaths will hereafter have a belief in something other than dislocation when they see this form of eruption, but what of the community while others are learning the same lesson?

Ichthyol.—So eminent an authority as Dr. Bulkley, says that ichthyol stands very high in importance among the newer additions to the therapeutics of dermatology. In eczema in 10 per cent ointment, in dermatitis herpetiformis in 5, 10 or even 20 per cent aqueous solution, in burns 6 to 10 per cent ichthyol ointment, in pruritus ani as ointment or wash, in chronic ulcers of the leg in stronger solutions.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Editors. St. Louis.

A LABORATORY MANUAL OF PHYSIOLOGICAL CHEMISTRY. By Elbert W. Rockwood, M.D., Ph. D., Professor of Chemistry and Toxicology and Head of the Department of Chemistry in the University of Iowa, etc. Second edition, revised and enlarged. With one colored plate and three plates of microscopic preparations. Large 12mo, 229 pages, extra cloth. Philadelphia, Pa.: F. A. Davis Company, Publishers, 1914 Cherry street. (Price, $1.00, net.)

In reviewing the second edition of this practical work we are again impressed with the remarkable progress which is being made in this special branch of science. These are days of applied chemistry, and today as never before the student must leave his college with a thorough working knowledge of physiological chemistry. This volume has been prepared with an aim of imparting accurate knowledge through the student's own observation, it purposes guiding his experiments through accurate and scientific channels that the results may be in the highest degree practical. The work has been arranged to require but a small stock of apparatus and only such reagents as are easily obtainable. The text has been made concise, yet explicit in matter of necessary detail. Revision has placed the instruction abreast with the latest advances in an ever-developing and advancing science. As a guide for independent or class laboratory work the volume will give great satisfaction, opening the door to an intelligent view and practical acquaintance with a field of scientific information which has been largely developed since many of us left college.

A COMPEND OF MEDICAL CHEMISTRY, INORGANIC AND ORGANIC, INCLUDING URINARY ANALYSIS. By Henry Leffmann, A. M., M. D., Professor of Chemistry in the Woman's Medical College of Pennsylvania. Fifth edition, revised. Philadelphia, Pa.: P. Blakiston's Son & Co., 1012 Walnut street. (Price, cloth, $1.00 net.; interleaved for taking notes, $1.25 net.)

The why of the existence of the student's compend has nowhere been more satisfactorily explained than by Prof. Leffmann in his preface. He says that "it has been said that Alexander Pope is a poet whom everybody quotes and nobody reads. It may be said of compends that they are books that most professors and reviewers condemn and that nearly all students use. The truth is, that in the present systems in professional schools, students are obliged to meet two distinct requirements. They must study for the knowledge necessary for the practice of the profession and they must study to pass examinations. The latter are in so many cases arbitrary in scope, affected by the personal equation of the examiner, that the student cannot be blamed for resorting to a concise presentation of the more important facts of the science, supplementing this by notes of the narrower and more strictly personal items of the teaching. Some teachers hold that note-taking is the best method, and are opposed to printed summaries because these latter obviate the student's obligation to take notes. In a large experience with a class of stuents of the best type of those in American professional schools, I have been led to the view that voluminous note-taking is not a good method. The pronunciation of technical terms is so irregular, and many of them are so strange to students, that they are entered erroneously in the notes and serious errors may be made and persist. The written word is necessary to full knowledge; the compend affords this aid. The merit of any compend will depend on the correctness of the statements and the clearness and conciseness of the text."

In this little volume Prof. Leffmann concisely considers organic and inorganic chemistry in so far as a knowledge thereof is necessary to the graduate in medicine, concluding the volume with practical discussions of uranalysis, the chemistry of milk, blood tissues and secretions, etc. The book is excellent in every sense, and will continue popular with students and practitioners who wish to "brush up."

ABBOTT'S ALKALOIDAL DIGEST. A brief description of the therapeutics of some of the principal alkaloidal medicaments with suggestions for their clinical application. By W. C. Abbott, M.D., editor of the American Journal of Clinical Medicine. Chicago: The Clinic Publishing Co. (Price 50 cents.)

The remarkable enthusiasm of those who are using alkaloidal therapy has been so often witnessed, and of late is so frequently met that there is no longer room for skepticism about the efficacy of this system of medication. Unquestionably the writings of Dr. Abbott have done more than any other one agency to bring this about. This little book is like a dictionary in being full of information, and like the dictionary it contains nothing unimportant; to pick features would be like trying to say the definition of which word in Webster is the most important. It gives in concise language and compact form the alkaloidal platform and the explanation of the why therefore. It is a most readable book and one reading will insure further readings and investigation.

THE HEALTH CARE OF THE BABY. A Handbook for Mothers and Nurses. By Louis Fischer, M. D. 12mo cloth, 166 pages. New York City: Funk & Wagnalls. (Price, 75 cents, net; by mail, 82 cents.)

Dr. Fischer has succeeded in producing a book which must in a high degree meet the needs of mothers and those who have the care of infants, and who are so situated that they must depend upon their own resources

in various possible emergencies. The book has the advantage over many of like purpose in that it is really scientific and thoroughly practical. Every mother should be familiar with such details of ventilation, clothing and bathing as are here presented, and the subjects of feeding, weaning, teething and the symptoms of intestinal and other disease are worthy of thoughtful study. Such knowledge is entirely within the province of those who have the care of infants, and it is indeed a satisfaction to find it presented in a suitable scientific form, and shorn of such fads and inaccuracies as characterize the mass of works meant for lay readers.

ZOROASTRIANISM TO-DAY.—Probably no man living today has been privileged to know so much of the so-called fire-worshipers of Yezd as A. V. Williams Jackson, professor of Indo-Iranian languages at Columbia University. On his recent visit to Yezd he was an honored guest of Dinyar Bahram, head of the Zoroastrian community there, met many other notable Zoroastrians, visited one of the fire temples, and was allowed access to interesting manuscripts. His account of this visit and of "A Religion Nearly Three Thousand Years Old" will be a feature of the September Century and promises to read like a page out of the past of another world—for this community of fire-worshipers is fifteen hundred years more ancient than the Coptic monasteries.

THE summer number of The Quarterly Journal of Inebriety is a particularly notable issue of this always interesting and valuable publication. It has been greatly enlarged and its typographical appearance is exceptionally attractive. Among the leading articles in this number are: "The Relation of Alcohol to Tuberculosis," by J. W. Grosvenor, M. D.; "Physiological Action of Tea as a Beverage," by Sir Lander Brunton, M. D.; "Morbid Predisposing Causes in Dipsomania," by W. L. Howard, M.D.; "Reflexes from the Eye in Narcosomania," by T. H. Evans, M.D.; "The Alcohol Cult," by John Madden, M.D.; "Comparison of the Effects of Alcohol and Opium," by W. H. Park, M. D., and two articles by the editor, Dr. T. D. Crothers, on "Unrecognized Toxic Insanities" and "Farmfield Reformatory for Inebriate Women." Many pages of sound editorials, entertaining abstracts, book reviews and comments complete an issue that will prove of interest and value to every physician. (Boston: $2.00 a year.)

THE ALIENIST AND NEUROLOGIST for August will contain, besides the usual number of selections, reviews, notices, etc., the following: Erotic Symbolism—Psychoencephalonasthenia or Cerebrasthenia Simplex, and Psychoencephalonasthenia or Cerebrasthenia Insaniens—Mixoscopic Adolescent Survivals in Art, Literature and Pseudo Ethics—A Morphia Maniac on Trial for Murder—A Medico-Legal Study of the Matthews Case—Sadism: Report of a Medico-Legal Case—A Case of Reflex Epilepsy—Prognosis in Epilepsy—Dr. Geo. T. Tuttle—Cojal and the Development of the Nervous System—Chicago Beef Packing Rottenness-Sanitary Honesty—The Discovery of Ether Anaesthesia once more—The Other Fellows Point of View—The Proprieties and the Proprietaries—The Iowa Euthanasia Proposition — The Metro-Therapy or Metrotherapy of Neurasthenia—Congressman Brownlaw's Bill—Characteristic of the Doctors Charity and Likewise of the Other Fellow—Terrible Railway Fatality—Pertinent Protest Against Overstudy—Lower Ceilings and Patent Fixtures—Remarkable Public Press Statement—Hospital Provision for the Insane and Delirious—Missouri's New Prison Hospital—A Negro Saved from Mob Becomes Insane—An American Institute for Psychological Research is Projected for America—Oklahoma Insane Asylum Burned—The Moro Immolation Psychologically Considered—Instances of Psychic Cause Blindness—The National Druggist.

MORRIS' ANATOMY UNDER AMERICAN EDITORSHIP.—A new edition of Morris' Anatomy is announced by P. Blakiston's Son & Co., which will shortly be in the hands of the profession. It will contain two features which, aside from other considerations, must appeal particularly to all teachers and students of the subject who desire a text-book embodying the best modern thought, methods of study and results of recent investigation. These are, first, the fact that seven of the best known American anatomists have been prevailed upon to write, rewrite and revise various sections. Second, the adoption of the new (B. N. A.) nomenclature. The effort to systematize and regulate the anatomical nomenclature has received in no other country outside of Germany so much encouragement as in the United States. There are many reasons which favor its general adoption and there have been no good arguments advanced against it. It contains but few terms not easily recognizable by those who have been accustomed to the old, and its use renders the literature of other countries more readily understandable by students who continue their studies in foreign tongues, and facilitates reference to the translations of sev-

eral German Atlases now used extensively in this country. The literature of anatomy, embryology and histology has been enriched by recent investigations of Americans, and the work accomplished in the laboratories of American medical schools has been recognized throughout the scientific world. It is eminently proper that in a new edition of a book such as Morris, American students and American work should be recognized. Those who have taken this burden upon their shoulders are men who have had experience as teachers and investigators, men who are acquainted with the trend of modern thought, with recent literature and with the best methods presenting and teaching the subjects which they discuss. The publishers have spared no outlay to forward the aims and wishes of all contributors; many illustrations which appeared in previous editions have been omitted, others have been improved, a large number of new figures have been made from drawings specially prepared for the purpose, and pictures from other books have been included where they served the desired purpose.

Alfred Beit, the South African multimillionaire, died the other day. His estate is estimated at $500,000,000. He did not take it with him!

Lobelin.—In spasmodic retention of urine due to stricture, give gr. 1-13, every ten minutes, after atropine gr. 1-250, in a little hot water. Dissolve gr. 1-67 lobelin in twenty drops of hot water and inject into the deep urethra.—Candler, American Jour. of Clinical Medicine.

An English traveler once met a companion sitting in a state of the most woeful despair, and apparently near the last agonies, by the side of one of the mountain lakes of Switzerland. He inquired the cause of his sufferings. "Oh," said the latter, "I was very hot and thirsty and took a large draught of the clear water of the lake, and then sat down on this stone to consult my guide-book. To my astonishment I found that the water of this lake is very poisonous! Oh, I am a gone man —I feel it running all over me. I have only a few minutes to live! Remember me to—" "Let me see the guide-book," said his friend. Turning to the passage, he found, "L'eau du lac est bien poissoneux ("The water of this lake abounds in fish"). "Is that the meaning of it?" "Certainly." The dying man looked up with radiant countenance. "What would have become of you," said his friend, "if I had not met you?" "I should have died of imperfect knowledge of the French language."—Modern Eloquence.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Estimation of Uric Acid in the Urine.—Kowarske (Deutsche Med. Wochenschrift, No. 25, 1906) proposes a modification of Hopkin's method, which, in addition to its accuracy posessses the following advantages: (1) Comparatively little time is consumed in its performance; (2) No especially constructed apparatus is necessary; a centrifuge, pipette and burette is all that is required; (3) The analysis requires but a small amount of urine; the method, therefore, is equally applicable for scientific investigation on metabolism in small animals; (4) Several uric acid estimations can be simultaneously made with but little additional time. The estimation is made as follows: Ten cc. of urine, measured in a pipette, are placed into a thin centrifugal tube, with a capacity of 15 cc., add to this two or three drops of ammonia and three grams of ammonium chloride; cork the tube with a well fitting rubber stopper and shake the contents until the ammonium chloride is all dissolved. The urates of ammonia separate in the form of a flocculent sediment, the separation being complete after standing two hours. A two minute centrifugation will suffice to precipitate the sediment firmly to the bottom so that the supernatant fluid can be decanted by gently tilting the tube. In decanting care should be taken not to disturb the sediment. Five drops of concentrated hydrochloric acid are now added to the sediment and the whole gently heated over a small flame, whereupon the ammonium urate dissolves and uric acid appears in the form of a fine crystaline sediment. One hours standing is required to effect a complete uric acid separation. Two cc. of distilled water is then added and the whole again centrifugated until sedimentation is complete and the fluid above poured off. The sediment is now slightly shaken with two or three cc. of alcohol centrifugated and decanted. The latter step is repeated two or three times until the alcohol reacts neutral to litmus paper. The entire process of washing should not require more than three or five minutes. After the final alcoholic washing and decantation the sediment is slightly agitated with about two cc. of hot distilled water to which is added several drops of the indicator phenolphthalein and the hot solution titrated with a one-fiftieth normal piperidin solution in the ordinary manner until the rose color of the solution remains permanent. The simpl

mathematical calculation of multiplying the number of cubic centimeters of the piperidin solution used in titrating by 3.36 gives us the number of milligrams of uric acid in 10 cc. of urine. For instance we use 1.5 cc. piperidin we will then have in the 10 cc. of urine, $3.36 \times 1.5 = 5.04$ mg. of uric acid; 100 cc. of urine $5.04 \times 10 = 50.4$ mg. or 0.0504 grams, that is 0.0504 per cent of uric acid.

Tubercular Disposition of the Apices of the Lungs.—Hofbauer (Zeitschrift f. klin Medizin, Bd. LIX., Heft. 1, 1906) discusses why the apices are more subject to the invasion of the tubercle bacillus than other portions of the lungs. He believes this predisposition is essentially due to differences in the physiological relationship. The respiratory variations in pressure are most marked in the caudal portions of the lungs, while in the remaining parenchyma this pressure is less and in the apices almost entirely wanting. This pressure difference favors both the blood and lymph supply, consequently its diminution or absence in the apices means a deficient blood supply. Limited apical expansion, therefore, favors the development of the tubercle bacillus, not however, on account of the more firm lodgment of the inhaled particles as was formerly supposed but the result of poor nutrition.

The Origin of Pulmonary Tuberculosis.—Schlossmann and St. Engel's (Deutsche Med. Wochenschrift, No. 27, 1906) research work is a corroboration of Behring's view and proves incontestably that pulmonary tuberculosis may result from intestinal infection with the tubercle bacillus. Their experiments consisted in injecting into the exposed stomach of guinea-pigs, under the strictest precautions, an emulsion of equal parts of pure culture of tubercle bacilli and milk or cream. Tubercle bacilli find their way into the lungs shortly after the injection, as the authors demonstrated in a guinea-pig four days old which had been subjected to the above experiment. This animal was killed six hours after the injection of the bacilli emulsion and particles of lung tissue were implanted intraperitoneally into a series of other guinea-pigs. These animals, without excepton, all succumbed to tuberculosis.

The Origin of Sleep.—Salmon (Revue de Medecine, vol. XXVI, No. 4, 1906) discusses at length the physiology of sleep, promulgating the theory that it is due to some internal secretion of the pituitary body. He supports this view by presenting the following arguments. In eight cases of acromegaly and in other affections in which there is a hypertrophy of the hypophyses he observed somnolence, while the same is equally true in conditions where the secretion of the gland is augmented, as in slight pilocarpine intoxication, in affections with an associated hyperemia of the pituitary body, as drunknness, injury to the head and the like. Insomnia, on the other hand, is noted where there is a hyposecretion of the gland as in destructive or degenerative processes, in exophthalmic goiter, where the gland has been found hard and small, those conditions with diminished glandular secretion resulting from nutritional disturbances, as old age, inanition, neurasthenia, etc., atropin by its glandular inhibiting effect, and, finally, emotional influences cause sleeplessness through a hyposecretion.

Angina Pectoris as an Early Symptom of Aneurism of the Aorta.—Osler (Med. Chronical, May, 1906) remarks that pain is one of the earliest and most constant symptoms in aneurism of the aorta, having observed it in 104 cases out of 132. The pain may have the character of true angina. This anginal type occurred in 22 cases. A second type of pain is sharp and neuralgic in character, often extending along the course of the nerves. This type, due to pressure of the aneurism on the nerve, may also be paroxysmal and very greatly in intensity. A third type of pain is dull and boring in character and is most common in erosion of the chest wall or spine. It is not always easy to distinguish this from the second variety, but patients say they can appreciate the difference and it is this form that is most severe. A fourth type of pain is referred to the nerves of the arm or to the skin in the precordial region, or to the pectoral or sternocleido mastoid muscles. Pain down the left arm was a marked symptom in 22 cases. Osler details the history of cases in which typical symptoms of angina pectoris preceded by a year or two the development of an aneurism.

Is Neuralgia a Functional Disease?—Gordon (New York Medical Journal, July 21, 1906) bases the following conclusions on a study of the pathological findings of eight cases of neuralgia, together with those of other investigators: 1. The occurrence of degeneration of the peripheral nerve is frequent if not constant in neuralgia. 2. That this nerve degeneration is very probably a primary condition, which as a neuritis assumes an ascending course and involves secondarily the Gasserian ganglion. Although this contention is still debatable, there is great probability in favor of the above view. 3. The blood vessels undoubtedly play a certain role in the causation of a degenerative state of the peripheral nerve. 4. That it is difficult

if not impossible to draw a sharp distinction between neuritis and neuralgia, as accumulated facts show an anatomical basis in the latter affection. 5. In view of these anatomical facts, it is highly important to remove surgically a nerve affected with so-called neuralgia as early as possible after a short trial of medical treatment is given.

OTOLOGY.

ALBERT F. KOETTER, M. D.

Recent Reports on Otosclerosis.—Compilation of Dr. Jörgen Möller (Internationales Centralblatt fuer Ohrenheilkunde). The literature on otosclerosis is growing so rapidly that we are justified, even though Denker's great work is only two years old, in publishing a compilation of the work done since then; in this resumé several articles will be mentioned which appeared before Denker's book, but were not considered in the same. Otosclerosis is a new disease being first described during the nineties supported by numerous pathologic anatomical examinations. The name itself, at least in its present importance, emanated from the clinic of Politzer and he was the first man to devote a special chapter to this disease in his book on otology. Two years later the large work of Denker was published and with this the otosclerosis was incorporated as a self-dependent disease into the system of otology. But it will be some time before the knowledge of the unity of this disease is recognized. Lermogez and Boulay mention otosclerosis but only as a special group of the chronic dry middle ear catarrhs, they do not speak of the characteristics and do not seem to recognize the proper conception of the disease of otosclerosis, of what they consider otosclerosis they simply mention two forms which do not respond readily to treatment, the juvenile forms of a hereditary basis and the congestive form with translucent redness of the membrane. Gradenigo does not recognize the otosclerosis as a self-dependent disease because he believes that it occurs very frequently as a secondary disease, not only after catarrhal lent but also after suppurative diseases. In England and France otosclerosis is not recognized and the modern pathologic anatomical examination of the continent are not mentioned. Watson thinks there is no real difference between middle ear catarrh and otosclerosis, but are simply different stages of one and the same disease. Collier also speaks of otosclerosis as such in that he considers those cases of progressive deafness, in which no accompanying middle ear disease exists, but expresses himself in a very uncertain way about this disease. Some other authors although they consider otosclerosis as an independent disease, do not consider it, in the same sense as Politzer, Botey calls the otosclerosis a primary disease without preceding catarrh, but includes under this head cases of connective tissue adhesions and also primary disease of the labyrinthian capsule. Burger and Zwaardemaker speak of these two forms of disease under the head of sclerosis aurium, this is again divided into progressive dry catarrh and ostitis capsularis.

The work of Möller deals exclusively with the otosclerosis in the sense of Politzer and speaks in detail of the pathological anatomy and diagnosis, especially the founctional test, also mentions the etiology, symptomatology and therapy. As regards the etiology and pathogeny Hammerschlag and Körner have reported some interesting researches as regards heredity. Hammerschlag reports the pedigree of two families, of which one is of great importance, the ancestor married twice and in the progeny of the first wife who was hard of hearing, many cases of sclerosis appeared, whereas in the progeny of the second wife none appeared. Körner reports the pedigree of three families in the five families there were no less than forty-three cases of otosclerosis. It is further of interest that Körner reports an unpublished work of Hopmann in which the hereditary relations of several cases examined clinically and anatomically were searched and the presence of syphilis could be excluded. Moreover Körner believes that the heredity of otosclerosis should be observed in the light of the Weissmann doctrine of determinants, the disposition to disease would be inherited in the shape of a Weissmann determinant, if the same becomes active depends on the different external and internal influence, puberty, puerperium, syphilis and other diseases, also diseases of the mucous membrane of the walls of the labyrinth. By that, an explanation would be had for the fact that the otosclerosis often skips one or more generations and apparently appears spontaneously. Following these considerations Körner warns the female members of sclerotic families against pregnancy and advises members of such families not to marry so that they may take their determinants uninherited to the grave.

Botey differentiates between two forms of otosclerosis, one the juvenile beginning between the tenth and twentieth year, frequently para-syphilitic or para-tubercular nature, whereas the other, the ordinary otosclerosis appearing in middle or late in life of trophoneurotic origin. Möller considers a trophoneurotic origin of otosclerosis possible especially as the two (circumstances often ob-

served) that of the canal wall showing atrophic changes and that sclerosis very often occurs with atrophic rhinitis. Escat has observed that deafness, tinnitis, pain and hyperakusis dolorosa often appear in attacks of migraine and that furthermore the majority of individuals affected with primary otosclerosis suffer with migraine. He believes that these two diseases can be brought into such relation that they occur on a common dyscrastic or toxaemic basis, possibly an autointoxication. Maupetit thinks there is a certain connection between otosclerosis and the universal arteriosclerosis. Collier believes that the otosclerotic process depends primarily on an existing nose or nasopharyngeal disease and extends through the eustachian tube. An etiologic factor not often observed is emphasized by Möller, viz., that traumas play a certain role in the development of the disease, not that the trauma cause the disease, but that the disease suffers a severe exacerbation and often is noticed for the first time following a trauma.

As to the pathological anatomy there are reports of three cases, Möller(1), Brühl(2) and all three cases show the well known osseous changes of the typical otosclerosis. In Müller's case and in one case of Brühl the diagnosis was made during life time. In all three cases the microscopic examination pointed emphatically to primary disease of the bone without involving the mucous membrane of the middle ear, and especially in Möller's case a secondary origin after a mucous membrane disease or a periosteal disease could be excluded with certainty, for beside the large focus lying in the partition between the tympanic cavity and the labyrinth, small isolated foci were found which at no point reached the surface of the bone. Further the arrangement of the diseased bone tissue in this case, the sharply defined outline as opposed to the healthy tissue, and the ever increasing resorption toward the older central parts indicate that the primary, as Politzer implies, is a new formation of bone to which the resorption process later joins itself. In the case of Brühl the auditory nerve had degenerated which can be explained as atrophy due to inactivity.

As to the symptomatology and course as reported by the different authors only a few data are mentioned as the symptomatology is well known through former work. Bobone, Burger and Zwaardemaker mention the peculiar dryness and the great width of the external canal. A further condition noticed by the latter authors in true otosclerosis, the ostitis capsularis is the extreme whiteness and acute angular position of the handle of the malleus, it often has punctuated exostoses. A characteristic symptom is the rapidity with which the ear loses its sense of accomodation, so that the first words of a conversation are not grasped. Furthermore those cases which originate from an arthritic basis, several times a marked improvement of the hearing has been noticed after a typical attack of gout. A new symptom mentioned by Lafite-Dupont and Maupetit, namely, that the blood pressure is from 5-11 mm. consistently higher in the true otosclerosis, might presumptively play a role in the diagnosis of primary otosclerosis. Maupetit brings this symptom in connection with his assertion of the dependence of the otosclerosis on a universal arteriosclerosis. Examination as to the blood pressure in otosclerosis were made by Mengotti but entirely different results than those of Lafite-Dupont and Maupetit were obtained, in fact he finds intimate relation between the blood pressure and sclerosis, the (P) blood pressure fluctuates in his cases between 92 and 145, so that the increase of 5-10 mm. found by the others, disappear entirely compared to these fluctuations, the pressure was mostly from 120-140 which is about normal. It is true that in some cases Mengotti with the improvement of the hearing observed a lowering of the blood pressure, in other cases a rise was noticed. Moreover the figures of the authors cannot be compared as the examinations were made in different ways and different apparatus used.

A symptom not before mentioned, observed by Mygind and also by Möller is the improvement of the hearing, in the early stages of a coryza, probably due to congestion of the mucous membranes caused by the acute catarrh.

As far as the functional examination is concerned the results of Möller differ very materially from those usually observed as characteristic of otosclerosis. Ordinarily the characteristic result is given as Bezold's triad, but Möller thinks this characteristic of the ordinary middle ear catarrh but not for sclerosis. According to Möller we usually find shortened bone conduction. Rinne positive shortened or negative, lower tone limit comparatively little confined, much less than in chronic catarrh, upper tone limit markedly lowered downward. Gelle's test usually negative, which is not exactly characteristic of otosclerosis, but for stapes fixation in general even when of catarrhal origin. Möller in going over the literature on the subject finds in a good many cases a lowering of the upper tone limit without the author laying much stress on it, whereas, Möller considers it one of the main points. In the discussion following Möller's paper Blegvad

rests his acceptance that the upper tone limit is narrower, but believes that if it is not found in all cases, it is due to the apparatus used, especially the Edelmann Galton whistle which does not reach the true physiological upper limit of the human ear for tones, let alone reach above it. If more delicate apparatus were obtainable a more delicate diagnosis would be possible for the earliest stage of otosclerosis. Burger and Zwaardemaker have found the same condition as Möller in pronounced cases of otosclerosis the upper tone limit lowered, whereas in the early stages they often found an abnormal sensibility for the high tones, Gellé always negative but support Bezold's triad as a characteristic symptom. Escat on the contrary believes that the bone conduction is shortened and Rinné always positive Politzer still insists that the Rinné negative is characteristic of pronoucned cases of otosclerosis. Brühl discusses in general, the functional examination and its results, viz., in middle ear disease, labyrinth trouble and the mixed condition and indicates that otosclerosis belongs to the latter category. He expresses, as does Möller, the hope that further research of the functional tests will enable us to recognize the early stages of otosclerosis.

The therapy offers nothing new. Politzer warns against the use of the catheter as it nearly always causes exacerbation of the condition. Collier urges thorough treatment of the nose and naso-pharynx. Maupetit recommends lumbar puncture to cause a decrease of the intracranial and by this a decrease of the intra labryrinthian pressure, furthermore the treatment of the arterio-sclerosis with potassium iodide. Sugar discusses the phosphor medication and believes first that the large doses are unreliable and second, that the anorganic preparation should be replaced by the organic. He recommends phytin given in 0.25 doses four times daily and later on double the dose. He thinks the phosphor medication has not been thoroughly tested in a scientific manner.

THERAPEUTICS.

W. T. HIRSCHI, M.D.

The Treatment of Hyperacidity.— Dr. I. Boas, (Therapeutische Monatshefte, May, 1906.) Hyperacidity or hyperchlorhydrie usually is a functional disturbance but at times we find a pathologic condition of the secretory glands in the stomach. At times chronic gastritis especially in the early stages is associated with hyperacidity, and this is now called gastritis acida. Since it has been demonstrated that the lagus in the secretory nerve of the stomach, neurogenic hyperacidity plays a prominent role, as is evident in tabes dorsalis. Boas believes that 75% of all cases of hyperacidity later develop chronic gastritis. Prophylaxis plays an important role in hyperacidity. Regular meals, avoiding too cold or hot drinks, alcoholic drinks, tobacco, etc., are of importance. Cathartics diminish gastric glandular secretion while opiates increase the same. Atropin temporarily diminishes secretion. At present we are unable to cure idiopathic hyperacidity, but we can relieve the symptoms, e.g. pains, eructations, etc., by using a suitable diet. Milk, bread and other starchy foods cause little increase of secretion. while meat decidedly increases secretion. Fat checks secretion decidedly. Mastication, temperature of food and liquid and methods of preparing food are of great importance. Meats should be restricted, excepting fish, carbohydrates should be used extensively, and fats in moderate amounts. Milk is of great benefit. Spices and acids excepting lactic and butyric acids must be avoided. Pure sugar in solution is permissible but cakes and pies are injurious probably owing to the method of preparation. White wines usually aggravate the symptoms but most pure red wines do no harm. Coffee and tobacco are also injurious. Carbonated mineral water are most beneficial. The proper administration of alkalies relieve the symptoms decidedly. The use of sodium bicarbonate is not advisable since the CO_2 distends and irritates the stomach too much. Sodium citrate is preferable to sodium bicarbonate, and if habitual constipation is present, magnesia usta may be given with it. Antacids should be given at the time of greatest digestion, i.e., one to three hours after large meals. All these remedies give only temporary relief. Atropin is used extensively with good results, but also only temporary. Skopolamin and enmydoin also give temporary relief.

My Experience with Antituberculosis Serum —Mormorek H. Frey, (Wiener Klin. Therapie, No. 42,1906.) Frey uses the serum in the 2nd and 3rd stages of tuberculosis chiefly as an enema at times with the yolk of an egg. The bowel should be irrigated before using the enema. He uses 5-10 ccm. of serum, 1 to 2 times daily. The serum seems to have a specific antitoxic effect. The patients feel better, the appetite improves the temperature drops and the expectoration and cough are lessened. Lewin (Stockholm) uses the serum subcutaneously and he also reports favorable results from its use. Hoffa (Berlin) prefers to use the serum per rectum and believes the results obtained warrant further experiments with the serum.

The Use of Carbohydrates in Diabetes Mellitus.—Lauistzen, (Med. Klinik, No. 39, 1905.) In recent years the use of carbohydrates in diabetes has become more liberal, and it is now for us to decide which of the carbohydrates is most advisable. Some patients tolerate one form of carbohydrates while others do better on another form. Milk, sugar, oatmeal and potatoes do less harm than any other carbohydrates. In complicated cases (renal, cardiac, arterial) a milk diet is of great benefit to the patient. Many patients are unable or unwilling to continue a strict diet for any length of time and here we must select the least injurious food substances.

The Importance of Anesthetics in Inflammatory Processes. — Spies (Munch. Med. Woch., No. 6, 1906) recommends local anesthetics in inflammatory processes, wounds, and in superficial operations. Laryngeal tuberculosis, coryza and similar inflammatory diseases improve decidedly by using anesthetics. Orthoform powders often do much good, but at times more powerful anesthetics are indicated. Opiates should be used cautiously in chronic processes, but in acute cases where little danger of acquiring the habit need be feared it may be used advantageously.

Abdominal Arteriosclerosis. — Rosengart, (Munch. Med. Woch., No. 20.) Very frequently arteriosclerosis first manifests itself by gastro-intestinal disturbances and not until we find other evidences of sclerosis do we recognize the condition. It occurs most frequently between the 30th and 40th years of life. The patients complain of flatulence, slight pains especially in the right hypochondriac region, slight colic, belching, and other vague symptoms. The patients are irritable, sleep is poor, appetite good, usually, and constipation as a rule. Eventually the pulse become more frequent and hard, the heart dullness increases, a slight systolic murmur and accentuated second aortic sound are heard and the diagnosis is easily made. The gastrointestinal symptoms are due to faulty circulation on account of the sclerotic vessels. The treatment is similar to that of arteriosclerosis affecting any organ of the body.

Diet in Tuberculosis.— H. M. King (Med. Rec., July 21, 1906) declares that disturbed metabolism is essential to the development of tuberculosis. If, in all respects, the cell is normally nourished, it will be sufficiently resistant to the invasion of the tubercle bacillus. As a rule, one is able to trace errors in nutrition antedating by months and often by years the probable period of infection in a given case. The diet question in the case of tuberculous invalids is more than one of calories. It cannot be solved merely by arriving at theoretical standard amounts and relations of proteids, fats, and carbohydrates. The tastes, habits, and peculiarities of the patients, and their heredity are important factors. Variety, preparation, and the manner of serving foods are all important. Psychotherapy is more important in diet prescriptions perhaps than anywhere else. In the study of these cases the food requirements should be determined and met, if possible, and the dangerous error of overfeeding should be avoided.

Diet in Nephritis.—F. C. Shattuck, Boston (Journal A.M.A., January 6), lays down the following as the leading principles pertaining to the dietetic treatment of nephritis: 1. Such control as we may have to-day of nephritis lies in diet and mode of life rather than in drugs. 2. Such drugs as are useful are so in their effect on the general organism and the heart rather than on the kidneys directly. 3. In all cases of nephritis the main aim is to spare the kidneys unnecessary work, remembering that the urinary system is but one, of the many, making up the body. 4. In acute nephritis, as well as in the acute exacerbations of the chronic form, doctors, diet and quiet should work together. Starvation for a few days, regulated by the intensity of the process and the strength of the patient, is the keynote here. 5. In the chronic forms the aim is to lighten and to lengthen life. Especially in the contracted form of kidney disease, many years of life and comfort may depend on the physician's skill in adapting sound principles to the particular case and in securing the cooperation of the patient in persistently carrying out the directions given. Dietary restriction should, in the main, be quantitative rather than qualitative. Alcohol in moderation is not necessarily a poison and may be an aid to digestion. 6. The excess of proteid, not proteid itself, is harmful to the chronically sick kidney. 7. A varied diet is more likely, than a monotonous one, to promote the making of good blood and improving the general nutrition, and that of the myocardium in particular. 8. The amount of albumin is in itself no guide as to the extent of dietary restriction. Shattuck remarks the advisability of a relatively dry diet in dropsical cases, proportioned to the degree of dropsy. In cases of contracted kidney, even without dropsy, he thinks physicians have erred in forcing water, and that the main service von Noorden has rendered is in advocating the limitation of liquids.

SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The nineteenth annual meeting of this society will be held at Council Bluffs, under the presidency of Dr. John E. Summers, ofOmaha, on September 6 and 7. Sessions will be held in the banquet hall of the Grand Hotel.

Following is the preliminary program:

John E. Summers, Omaha: President's Address.

Richard C. Moore, Omaha: Oration on Medicine.

S. Grover Burnett, Kansas City: "A Second Case of Dual Personality."

W. L. Kenney, St. Joseph: "Sarcoma of the Optic Nerve-Operation, X-Ray Treatment; Recovery."

O. B. Campbell, St. Joseph: "Ectopic Pregnancy with Report of Cases."

C. B. Hardin, Kansas City: "The Physical Signs of Disease; their scope and what they reveal to the Modern Physician."

Harry Everett, Lincoln, Neb.: "A Preliminary Report on a Simplified Method of Preparing Catgut."

W. T. Elam, St. Joseph: Paper.

T. E. Potter, St. Joseph: "Tubercular Joints."

LeRoy Crummer, Omaha: "The Use of Digitalis."

Mary Strong, Omaha: "Heart Disease in Obstetric Cases."

A. C. Stokes, Omaha: "Operative Treatment in Chronic Gonorrhea of the Male."

Geo. F. Butler, Chicago: "The Treatment of Chlorosis."

J. P. Lord, Omaha: "A New Retention Suture in Operations for Cleft Palate."

Bernard A. McDermott, Omaha: "Some Notes on Peritoneal Adhesions, Post-Operative."

F. Damour, Bolckow, Mo.: "Old Time Treatment of Typhoid Fever."

F. E. Coulter, Omaha: Clinic.

L. L. Uhls, Ossawatomie, Kan.: "The Relation of the State to the Insane."

Frank P. Norbury, Jacksonville: "The Treatment of Sleep Disorders."

Leo M. Crafts, Minneapolis: "Observations on the Morbid Physiology of the Ductless Glands."

Palmer Findley, Omaha: "The Clinical Significance of Latent Infections of the Pelvis."

Halsey M. Lyle, Kansas City: "Keratosis Follicularis, or Darier's Disease."

D. C. Brockman, Ottumwa, Ia.: "Tumors of the Breast."

C. O. Thienhaus, Milwaukee: "The Clinical Picture of Volvulus of the Intestine, with a report of two operated cases."

W. F. Milroy, Omaha: "Case of Graves' Disease, treated by Diphtheria Antitoxin."

Alfred Schlek, Chicago: "Rational Treatment of Eczema."

Emil Ries, Chicago: "Personal Experience with Scopolamine-Morphine Anesthesia."

D. S. Fairchild, Des Moines, Iowa: "Some Observation on Pathology and Diagnosis of Gall Bladder Disease."

W. F. Waugh, Chicago: "Corn Nuclein."

The Grand Hotel will be headquarters, and members should make reservations of rooms at once to secure good accommodations, as this will be "Carnival week" in Council Bluffs. Reduced rates on all lines of railroad within a radius of seventy-five miles of Council Bluffs. Programs will be issued August 25, copies of which may be obtained by addressing the secretary, Dr. Charles Wood Fassett, St. Joseph, Mo.

In chronic ankylosing catarrh of middle ear Dr. Bishop employs air massage of the drum head, in alternation with injections of alvolin into the middle ear.

THE HIGHEST HUMAN TEMPERATURE.—It is difficult to give a definite answer to your question. The London Lancet (June 2, 1906) reports the case of a woman in Bombay with a temperature of 112.4 deg. F. We believe still higher cases have been reported, with recovery. Patients suffering with sunstroke may have exceedingly high temperatures for a brief time. Departure from the normal temperature above the standard may be much greater, without causing death, than a reduction in temperature.

MORE TROUBLE IN STORE FOR THE RETAIL DRUGGISTS.—It seems that the Department of Internal Revenue of the Government is determined to make life a burden for the drug trade. The next move may class as retail liquor dealers all druggists who sell "non-intoxicating beverages" that contain a trace of alcohol. It is not generally understood that some of the vario us summer drink will show from a fraction of one to nearly two per cent of alcohol. The manufacturer who sells these goods in lots of five gallons or more must also pay the wholesale liquor tax. Some of the St. Louis manufacturers have been notified that they must also pay back license for two or three years.—Meyer Bros. Druggist.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

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The Medical Fortnightly will not be discontinued at expiration of subscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

SEASONABLE THERAPEUTICS

HAY FEVER.—The insufflation of a small quantity of orthoform into the nostrils twice a day, or oftener, will prove of great advantage in many cases of hay fever.

HEATSTROKE.—Collapse from heatstroke should be promptly combated with hot packs and the application of stimulants. The hypodermic use of digitalis is effective. In hyperpyrexia without collapse the cold pack or ice bath and cold enemas should be used until the temperature is reduced to within the safety limit, to 101 deg. or 100 deg. Prompt action is important in all these cases.

DIARRHEA OF CHILDREN.——After emptying the bowel give

℞ Bismuth subnit..... 3 ij
Salol..... gr. xvj
Aq. cinnamon..... ʒ i
Aq. q. s. ad..... 3 ij

M. S.: Shake. A teaspoonful in water every two hours.

CURE FOR THE WHISKY HABIT.—It is claimed that a person cannot take the following and drink whisky at the same time, i.e., it will cure the whisky habit if a patient will use it:

℞ Apomorphine ..... gr. ij
Strychnine..... gr. ss
Fowler's solution..... ʒss
Tinct. cinchona comp., q.s.ad ʒij

M. Sig.: One teaspoonful every three hours.—Medical Summary.

SWEATING OF FEET.—An ointment composed of one to two drachms of 40% formaldehyde to the ounce of lanolin applied once or twice daily will usually control this disagreeable condition. The same ointment may be used in the axillae.

CHOLERA INFANTUM.—

℞ Hydrarg. chlor. mite..... gr. iij
Cretae praep..... gr. xxxvj
Plumbi acetat..... gr. xij
Pulv. ipecac..... gr. iij

M. Ft chart. No. xii.
S. One every three hours.—Condie.

DIARRHEA OF CHILDREN.—

℞ Tr. opii..... gtt. xvj
Bismuthi subnitrat..... 3 ij
Syr. simp..... ʒ ss
Mist. cretae..... ʒ iss

M. Sig. Shake. A teaspoonful every three or four hours for a child one year old.—J. Lewis Smith.

PRICKLY HEAT.—In carrying out the prophylactic treatment of prickly heat, the Cyclopedia of Medicine and Surgery recommends that children be lightly clad in thin woolens and exposed to heat as little as possible. Constipation should be avoided. The following is recommended, to be applied locally:

℞ Acidi carbolici..... *m*xxx
Acidi borici..... 3 j
Zinci oxidi..... ʒ iss
Glycerini ..... ʒ ij
Alcoholis..... ʒ ij
Aquae, q. s. ad..... ʒ vj

M. ft. lotio. Sig.: To be applied locally to the skin.

As a dusting powder the following combination is of value:

℞ Magnesii carb.....
Acidi borici.....
Pulv. amyli.....aa ʒ ij

M. ft. pulvis.
Sig.: To be dusted over the areas involved.

When the entire body is involved the patient should receive bran, starch, or alkaline baths.

Hyde recommends lotions of lead or of lead and opium in some cases, or alcoholic and ethereal solutions containing camphor and glycerine similar to the following:

℞ Acidi carbolici..... ʒ iss
Glycerini..... ʒ ij
Mentholis..... ʒ j
Spts. vini rectif..... ʒ j
Aquae, q. s. ad..... ʒ viij

M. ft. lotio.
Sig.: To be applied locally.
Or the following:

℞ Olei lini.....
Liq. petrolati.....aa ʒ ij
Olei bergamii..... ʒ ss
Aquae calcis, q. s. ad..... Oj
M. Sig.: To be applied externally to the body.

The foregoing combination makes a creamy solution which often is very grateful to the skin. If desired, zinc oxide or carbolic acid may be added.

The general treatment of the patient, according to Hyde, should consist in withdrawal from light and heat, the use of unstimulating food and drink, unirritating apparel, and rest. The free use of lemonade or vichy water, or any reliable carbonated water, is of value in aiding elimination and in supplying the fluids demanded by the cutaneous loss through evaporation. Lassar's paste is serviceable in some cases of pruritus. It is composed as follows:

℞ Resorcini.....
Zinci oxidi .....
Pulv. amyli.....aa ʒj
Liq. petrolati..... ʒij
M.ft. ungt.
Sig.: To be applied locally.

Or resorcin may be used in the following combination:

℞ Resorcini..... gr. xxx
Creosoti..... *m*xv
Lanolini..... ʒij
M.ft. ungt.
Sig.: To be applied locally to the affected areas.—Jour. A. M. A.

Rhus Poisoning.—Rhus dermatitis often requires the most active treatment. To quickly alleviate the suffering and remove the eruption, I have found the use of the following lotion very efficient:

℞ Sodii thiosulphatis ..... ʒiij
Aquae..... Oj
M. Sig.: Bathe the affected parts every half hour.

Another good lotion that is often employed is one drachm of the fluid extract of grindelia in four ounces of water.

Decoctions of chestnut leaves, white or black oak-bark, black alder, or geranium will also prove valuable.—Shoemaker.

Acute Eczema.—In acute eczema—blue mass or compound cathartic pill, followed next morning by a saline laxative. Natural mineral waters are useful, such as the Hathorn, Carlsbad, Hunyadi Janos or Friedrichshall. When both iron and the sulphate of magnesium are indicated, the following may be used:

Magnesii sulph ..... ʒii
Acidi sulphur dil..... ʒii
Ferri sulph..... ℈ss
Sodii chlor .....
Tinct. card. comp.....aa ʒi
Aquae dest ..... Oss
Filtra. Sig.: A tablespoonful before breakfast in a tumblerful of cool or hot water.

In case of renal derangement diuretics are indicated, and in gouty cases, colchicum and vichy water.

When both diuretics and alkalies are indicated, the following may be used:

Magnesii sulph..... ʒss
Magnesii carb..... ʒi
Tinct. colchici..... ʒss
Olei menth. pip..... m. ii
Aquae dest..... ʒvi

The following is a useful lotion:

Acidi carbolici..... ℈ii
Zinci oxidi..... ʒi
Glycerini..... ʒii
Aquae calcis, q. s. ad..... ʒviii

In this formula, when carbolic acid does not act favorably, dilute hydrocyanic acid may be substituted. Tragacanth mucilage may be used instead of glycerin, or both may be omitted and half the amount of lime water may be replaced by an equal quantity of elder-flower water.

Acidi hydrocyanic dil..... ʒss-ii
Zinci oxidi.....
Calamin.....aa ʒi
Aquae calcis.....
Aquae sambuci.....aa ʒiv
Or:
Acidi carbolici..... ʒss-ii
Bismuthi subnit..... ʒi
Pulv. tragacanth..... gr. xl
Aquae calcis ..... ʒviii
—Merck's Archiv.

Chloasma.—Chloasma or liver spots may be caused by disorders of the liver, and also be caused by disorders of other internal organs, as, for instance, the uterus and ovary. This variety is not infrequent during pregnancy, and is called chloasma uterinum. Diseases of the blood and nervous system may also bring on the trouble. To successfully treat your patient, endeavor to locate the cause and remove it. A solution of five grains of corrosive sublimate to two ounces of water is an efficient local remedy to destroy the pigmentation. The following ointments are also very beneficial local remedies:

℞ Oleati hydragyri..... ʒiss
Adipis, q. s. ad..... ʒj
M. ft. ungt.
Sig.: Apply to the affected area twice daily.

℞ Oleati cupri..... ʒj
Adipis, q. s. ad..... ʒj
M.ft. ungt.
Sig.: Apply to the affected areas twice daily.—Shoemaker.

MEDICAL MEMORANDA.

Have used your resinol soap and ointment with much satisfaction. I have for years suffered at intervals with scalp itching, have used most everything with no avail until I tried a massage with the ointment. The result was great, scalp easy, no dandruff, and hair ceases to fall out. I try to keep it on hand.—C. D. Driscoll, D. D. S., Paoli, Ind.

X-Ray Burns.—At the 337th regular meeting of the New York Dermatological Society held November 28, 1905, the subject of X-ray burns was taken up, and Dr. Henry G. Piffard, Emeritus Professor of Dermatology in New York University said, according to the Journal of Cutaneous Diseases, "that he had obtained the most benefit in treating these conditions from antiphlogistine, chloride of zinc, high frequency current and ultra violet rays "

Let It Be Resolved.—That we strive to carry to every patient a more pronounced spirit of hopefulness and good cheer; to know more about disease, exhausting, so far as we may, every possibility of relief or cure; to search for medical truths and accept them wherever they may be found, regardless of source; to meet our defeats like men and fight our battles with undiminished courage; to hate evil and have no commerce with hypocrisy nor with those who fatten on the misfortunes, the ignorance and the appetites of the weak; to give every man a square deal and demand the same for ourselves; to be kind to all but especially the unfortunate; and, finally, to dedicate our energies and our talents to the service of our fellow men, aiming to make medicine, as we practice it, so helpful, so efficient, so scientific, that there shall be no abiding place in the communities in which we work, for quackery in any of its many forms. DR. W. C. ABBOTT.

Anedemin (opposed to edema) is urgently indicated in valvular disease, cirrhosis and nephritis, with edema attendant, or inflammation of the peritoneum, pleurae or other serous cavities. It acts upon the circulation, accelerates the flow in the thoracic duct, rapidly returning the serum to the blood by the lymphatic channels, as well as by resorption into the blood by healthy arterial tone, from whence it is readily removed by diuresis and purgation. The collaborative effects of its components (apocynum, strophanthus, scillae, with sambucus as adjuvant) are marvelous. They are so chemically treated and disposed as to form a definite compound, all objectionable features and properties of the components being positively eliminated, yet the full force and virtues, together with their potency, preserved. Anedemin diminishes the pulse frequency, and will hold it at 50 or 60 for months. It reduces dilatation, diminishes regurgitation, increases the arterial output, at the same time increasing the nutrition and power of the heart muscle. It is not a renal irritant. It is non-toxic, not cumulative, and patients have not to be watched nor kept recumbent as in digitalis administration. It will restore and maintain a perfect balance between the arterial and venous systems. It does not cause nausea, nor interfere with nutrition by producing loss of appetite. A box of 75 tablets promptly mailed gratis to any physician upon request.

An Improved Therapeutic Agent in the Treatment of Diarrhea.—In the treatment of diarrhea, whether due to inflammation of the large or small intestines or to structural lesions, as incident in typhoid fever, tuberculosis of the intestines, or occurring as functional disorders, viz., indigestion, sporadic cholera, certain forms of colic, or whether the diarrhea be transient or chronic, the following is well to be considered. As is well known, each type of diarrhea requires special treatment aimed at eliminating the cause, for example, the use of a cathartic to remove offending substances from the bowels when the diarrhea is due to fermenting food. It is a fact, however, that every severe form of diarrhea invariably requires at some stage of its treatment the use of astringents in addition to any special treatment used. Tannic acid is universally acknowledged to be the best of all astringents, because it disturbs the stomach less than any other, but it is open to the objections that it constringes the walls of the stomach, therefore precipitating pepsin and interfering seriously with digestion. Our object is to call attention to a new astringent. This substance is a nucleo-proteid tannin, to which the manufacturers have given the distinctive name "protan" as a word-mark. Protan is a new form of tannic acid free from all the objectionable features because it passes through the stomach chemically unchanged and is not dissolved or changed the slightest until it is dissolved or split up in the alkaline secretions of the duodenum. Protan acts happily not only as a local astringent, allaying congestion and inflammation, but as a reliable disinfectant and antiseptic. In diarrhea of all kinds protan has been highly recommended by clinicians, particularly in the gastro-intestinal disorders of children, diarrhea of typhoid fever, phthisis enteritis and dysentery. Where it is advisable to supplement with other drugs, opium, bismuth betanaphthol, salol, zinc sulphocarbolate or calomel can be combined in powder form, or it may be added to cream of bismuth, milk of magnesia or the regular prescriptions ordered in liquid form, provided instructions are given to shake the mixture well before administering. To physicians desiring sufficient protan for clinical test a liberal quantity, with literature, will be forwarded by H. K Mulford Company, manufacturing chemists, Philadelphia, who are introducing this preparation to the medical profession.

Doctor, have you given nasola a trial in your practice? If not, you are overlooking a good thing. Send for a sample, and you will never be without it in your own family.

Rectal Irrigation in Entero-Colitis of Children.—Dr. Clarence G. Clark, New York City, reports the following interesting case:

Baby D., age four months. History: Child was nursed by mother for one and and a half months but as her milk was of poor quality and the child did not thrive, she was advised by her attending physician to stop the breast and substitute bottle. This she did, feeding the child on a mixture of milk, cream, milk sugar and barley water in a 3-6-1 proportion. The baby thrived on this for about two months, but early in July it developed a diarrhea. The mother gave it home remedies but still continued the milk, feeding it even more frequently than before as the child was fretful and apparently hungry. The stools averaged seven to eight a day and occasionally the child would vomit. I first saw the case on July 16th. Examination: Baby extremely emaciated,and weak; tongue fissured; cheeks sunken; abdomen tympanitic (slight). Temperature 105.2; weight seven pounds; stools ten to twelve daily, full of mucus and curds of undigested milk. I gave the mother a very favorable prognosis but told her to secure a nurse for the baby and we would do all that was possible. Treatment: Milk was stopped at once. Child fed on barley water and albumen water. I then ordered the nurse to wash out the colon twice daily through a catheter with two quarts of a solution containing glyco-thymoline one part and water ten parts. By the mouth I gave 1-20 gr. calomel tablets every hour for ten hours and twenty drops of brandy every two hours. July 17, child in about the same condition except that it had had only nine stools in twenty-four hours and they were of a trifle better color with less mucus and no curds. Continued irrigations,but stopped calomel. Continued with brandy. July 18th. Seven stools, quite watery but of a much better color. Treatment continued until July 24th, at which time the child was much improved, having only three a day and passing very little mucus. On this date I started the milk again, using a very dilute formula with three ounces of milk sugar and fifteen ounces of boiled water. Continued irrigations with glyco-thymoline,one to eight ounces a day but stopped all other medicine. The baby started to thrive at once and in two weeks more we again weighed the child and noted an increase of three pounds. I gradually increased the strength of his food until at the present time he is taking eight ounces of milk to eleven ounces of water and one ounce of lime water, which is almost the average for a child of his age (5½ months). This is only one case of a number that I have treated with nearly the same routine this summer and all with satisfactory results. In conclusion, I would state that although in this case I did not give much treatment by mouth because the symptoms seemed to point more to a lower bowel affection, yet in many cases where gastric symptoms have been more predominant, I have combined with the irrigation treatment glyco-thymoline in 15-30 M. doses combined with liquor bismuth as follows:

℞ Glyco-thymoline..... ℥ ss
Liq. bismuth..... ℥ i
Aqua..... ℥ ii
M. Sig. ℥ i q. 2-3 h.

This in connection with rectal irrigation with glyco-thymoline in proportion indicated will suffice in nearly all the cases of gastro-enteritis, entero-colitis and enteritis so common in artificially fed infants.

Another Phase of the Proprietary Question.—There is at least one phase of the proprietary question which we believe has not been seriously considered, and that is, that while every effort is being made by some of our earnest and really conscientious, though misguided, workers to destroy the faith of the profession in practically all remedies of this class, and to bring them into ridicule, practically nothing has been done to provide satisfactory substitutes for them, except to make the suggestion—and excellent one, too—that physicians should familiarize themselves with the official and semiofficial preparations contained in the Pharmacopeia and National Formulary. In making this suggestion they forget to add that a very large share of these "official" preparations are old proprietaries under other names. In other words, the great "reform" consists in the denunciation of such remedies as antiphlogistine, arsenauro, bromidia, lactopeptine, Fellow's hypophosphites, antikamnia and Hayden's viburnum compound, while the use of practically the same things under other names is suggested or advised. In some instances the very formulas are used that proprietors have published or that analytical chemistry has elucidated. There is a reason for the popularity of the proprietaries. Whether many of these were "wonderful discoveries" or not, they have enabled the average physician to secure results more satisfactory to himself and his patients than he was able to secure without them. Very, very few medical men are able to extemporize prescriptions which at the same time are effective, palatable and not uselessly polypharmacal. All doctors ought to be able to do this, but they are not—and whose fault is it? And even if they were, who but the sheerest crank would claim that he could properly write for, or the average druggist dispense, substitutes as elegant, as cheap and withal so satisfactory as many of the best type of the proprietaries? It is best to look all these facts squarely in the face and be sensible in our conclusions.